

STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee LOUISIANA STATE FARM AGENTS AND ASSOCIATES PA PO Box 231174 Harahan, LA 70183-1174 Check If: New Committee <input type="checkbox"/>	2. Date of this Statement <div style="text-align: center;">1/14/2004</div>	Report Number: 6425 Date Filed: 1/14/2004
	3. Estimated Membership <div style="text-align: center;">535</div>	
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Position</u> c. <u>Address</u> </div> <div style="text-align: center; margin-top: 10px;">Chairperson</div> <div style="text-align: center; margin-top: 10px;">Treasurer</div>		
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Address</u> c. Relationship to Committee </div>		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <div style="display: flex; justify-content: space-between;"> a. <u>Name</u> b. <u>Address</u> </div>		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee		
b. Name of Candidate		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report b. Daytime Telephone		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>14th</u> day of <u>January</u> , <u>2004</u> . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Randy Wiggins</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> <u>318-445-6566</u> Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Elaine Bilstad</u> Signature of Committee Treasurer, if any </div> <div style="width: 45%;"> <u>504-733-6400</u> Daytime Telephone </div> </div>		

COMMITTEES WITH OVER 250 MEMBERS

The following certification is OPTIONAL and should be completed ONLY if it is applicable to your committee . Completion of this certification doubles the normal limitations on the amounts of contributions to candidates that are otherwise applicable to political committees.

11. WE HEREBY CERTIFY that the membership of this political committee exceeded two hundred fifty (250) members **as of December 31 of the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION.** We further certify that at least two hundred fifty (250) of the members of this political committee contributed at least fifty dollars (\$50.00) to this committee **during the calendar year immediately preceding the date of this STATEMENT OF ORGANIZATION.**

This 14th day of January, 2004.

Randy Wiggins

Signature of Committee/Chairperson

318-445-6566

Daytime Telephone

Elaine Bilstad

Signature of Committee Treasurer, if any

504-733-6400

Daytime Telephone